

**INSTRUCTIONS FOR COMPLETING
STANDARDIZED PERMIT NOTIFICATION
FOR PROPOSED HAZARDOUS WASTE FACILITIES**

Activities conducted under a standardized permit are limited to treatment and storage activities in tanks and containers and that do not require a permit from the United States Environmental Protection Agency pursuant to the Resource Conservation Recovery Act.

Unless otherwise specified in the instructions to the form, each item must be answered. To indicate that each item has been considered, enter "NA" for not applicable if a particular item does not fit the circumstances or characteristics of your facility or activity.

INITIAL NOTIFICATION/REVISED NOTIFICATION:

Indicate whether this is an initial, revised or permit renewal notification. A revised notification is required whenever there is a change to the information required on the form. When completing a revised notification, please place an asterisk (*) in the left margin to indicate the revised information.

I. FACILITY INFORMATION

ID NUMBER:

Enter your facility Identification Number. This number should begin with the letters "CAL". If you don't know your identification number or do not have an identification number, please contact the Department of Toxic Substances (Department) Manifest Unit at (916) 324-1781. The Manifest Unit will provide you with your number or send you an application form (Notification of Regulated Waste Activity (EPA Form 8700-12)).

BOE NUMBER:

Enter your facility's Board of Equalization number. This number should begin with the letters "HF". If you do not have a BOE number please contact the Board of Equalization Excise Tax Unit at (916) 323-9555.

NAME:

Enter the facility's legal or "Doing Business As" (DBA) name. Do not use a colloquial name.

ADDRESS:

Give the address or location of the proposed or existing facility identified in Item I. of this form. Please note that the address must be a physical address, not a post office box or route number. If the facility lacks a street name give the most accurate alternative geographic information (e.g., section number or quarter section number from county records, or, for example, "at intersection Routes 425 and 22").

LOCATION:

Describe how to locate or get to your facility. Also, enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provide for Item IX to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey, and from State Natural Resource Agencies.

CONTACT:

Give the name (last name first), title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and the facts reported in this application and who can be contacted by reviewing offices if necessary.

II. MAILING ADDRESS:

Please enter the Facility Mailing Address. If the Mailing Address and the Facility Location listed in Item I. are or will be the same, you can print "same" in the space for Item II.

III. OPERATOR INFORMATION**NAME:**

Give the legal name of the person, firm, public organization, or any other entity that operates or will operate the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

ADDRESS:

Enter the address where the operator can be contacted.

TELEPHONE:

Enter the telephone number, including area code, where the operator can be contacted.

IV. FACILITY OWNER**NAME:**

Enter the name of the legal owner of the installation. This may be a person or a company.

ADDRESS:

Enter the address where this individual or a knowledgeable person within the company can be reached. If the owner is located outside the United States, please complete the blank labeled "country".

TELEPHONE:

Enter the telephone number, including area code, where the owner can be contacted.

OWNERSHIP STATUS:

Indicate the legal status of the operator of the facility.

V. LAND OWNER INFORMATION**NAME:**

Enter the name of the legal owner of the property on which the facility is or will be located. If the land owner is the same as the operator, write "same as operator".

ADDRESS:

Enter the address of the land owner. If the land owner is located outside of the United States, please complete the blank labeled "Country".

TELEPHONE NUMBER:

Enter the telephone number of the land owner.

VI. DESCRIPTION OF BUSINESS ACTIVITIES**SIC CODES:**

List, in descending order of significance, up to four Standard Industrial Classification (SIC) codes that will best describe your facility in terms of the principal products or services you produce or provide, or

will produce or provide. Please do not use the SIC code for the hazardous waste treated or stored unless the treatment/storage of hazardous waste will be your primary business. For example, a hospital that treats photographic solution wastes should report SIC code 8062 (general medical & surgical hospital), not SIC code 7384 (photofinishing laboratories). SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.

DESCRIPTION:

Briefly describe the nature of the business to be operated at the facility (e.g. "recycle used circuit boards to reclaim gold").

VII. FACILITY STATUS**A. EXISTING ENVIRONMENTAL PERMITS:**

Indicate all other environmental permits that the facility has, or for which the facility has filed or will file an application, even if the permit has not yet been received.

- ✓ PSD = Prevention of Significant Deterioration, Clean Air Act; 42 U.S.C. 7401 et.seq.
- ✓ NESHAPS = National Emission Standards for Hazardous Air Pollutants, Clean Air Act; 42 U.S.C. 7412.
- ✓ NPDES = National Pollutant Discharge Elimination System, Clean Water Act; 42 U.S.C. 7401 et.seq.
- ✓ nonattainment program, Clean Air Act; 42 U.S.C. 7501-7502.
- ✓ POTW = publicly owned treatment works (local sewerage district)
- ✓ land use permit from the local land use or zoning agency
- ✓ Toxic Substance Control Act permit for storing PCBs, pursuant to 40 CFR Part 761.
- ✓ permit by rule, pursuant to California Code of Regulations Section 66270.60.
- ✓ conditional authorization, pursuant to Health and Safety Code Section 25201.3.
- ✓ conditional exemption, pursuant to Health and Safety Code Section 25201.5(c). Note: facilities with a standardized permit are not eligible for the small quantity conditional exemption pursuant to Section 25201.5(a).
- ✓ hazardous waste transporter registration; 22 CCR Chapter 13.
- ✓ other = any other relevant federal, state or local environmental permits or applications.

B. INDIAN LANDS:

Indicate whether the facility will be located on land owned by a designated Indian tribal authority.

VIII. HAZARDOUS WASTE INFORMATION

- A.** Indicate the total number of hazardous waste storage units that are or will be at the facility. An example of a storage unit would be multiple tanks holding compatible waste within one bermed area, or a bermed compound holding several 55-gallon drums. Identify how many, if any, of these units will be authorized under a full facility permit and how many will be under the standardized permit. A "unit" is a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible wastestreams. The devices are either plumbed together or otherwise linked so as to form one treatment system.

- B. Indicate the total number of hazardous waste treatment units that are or will be at the facility. Indicate which of the total number of units will be authorized to operate under a full permit, under the standardized permit, under permit by rule, under conditional authorization or under conditional exemption. For guidance on the appropriate applicability of the permit by rule, conditional authorization, and conditional exemption requirements, see the Tiered Permitting Factsheet. You may request a copy of this document by calling the Onsite Hazardous Waste Treatment Unit at (916)323-5871.
- C. Indicate the total storage capacity of the units that are or will be authorized to store hazardous wastes under the standardized permit at this facility.
- D. Indicate the total maximum volume and/or weight of hazardous waste that is or will be treated in any calendar month under the standardized permit at this facility.
- E. Describe all the hazardous waste treatment and storage activities that are or will be conducted at the facility. Include a basic description of the activities and the purpose of the activities (e.g. "An aqueous cyanide solution produced from electroplating is oxidized with hydrogen peroxide so that the waste may be discharged directly into the county sewage system under the facility's permit from the sewage district"). Include treatment under a full facility permit, permit by rule, treatment under conditional authorization, treatment under conditional exemption and storage and/or treatment under the standardized permit. Annotate the description of each of the storage or treatment activities as permit by rule (PBR), conditional authorization (CA), conditional exemption (CE) or standardized permit (SP) as appropriate. Note that detailed unit-specific information forms for each unit which manages wastes generated offsite are required attachments to this notification.

IX. REQUIRED ATTACHMENTS

A. DRAWING AND BLUEPRINTS:

Each facility must include a drawing showing the general layout of the proposed facility. This drawing should be approximately to scale and fit on an 8 1/2" by 11" sheet of paper. This drawing should show the following:

1. The property boundaries of the existing or proposed facility;
2. The areas to be occupied by all storage and treatment units. Annotate each area with the number of the unit from the unit-specific information sheet(s);
3. The name of each operation (Example: precipitation tank, drum storage area, etc.);
4. The approximate dimensions of the property boundaries and each storage and treatment area.
5. Security provisions (i.e. fences, gates, etc.)

B. MAP:

Provide a topographic map or maps of the area extending to at least one mile beyond the property boundaries of the existing or proposed facility. The map must clearly show the following:

1. The legal boundaries of the existing or proposed facility;
2. The location and serial number of each of your intake and discharge structures;
3. All hazardous waste management facilities and all schools and hospitals;
4. Location of each process listed on the unit-specific information sheets, identified by the unit number as indicated on the top of each unit-specific sheet; and
5. All springs and surface water bodies in the area, plus all drinking water wells within 1/4 mile of the proposed facility that are identified in the public record or otherwise known to you.

If an intake or discharge structure is located less than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure or well, and identify the U.S. Geological Survey (or other) maps corresponding to the location.

On each map include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. If a 7-1/2- minute series map has not been published for your

facility site, then you may use a 15-minute series map from the U.S. Geological Survey. If neither a 7-1/2 nor 15-minute series map has been published for your facility site, use a plant map or other appropriate map, and include all the requested information; in this case briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart from which it was traced. Include the names of nearby towns, water bodies and other prominent points.

To obtain a map index contact the following Earth Science Information Center (ESIC).

Menlo Park - ESIC
Room 3128, Building 3 (MS 532)
345 Middlefield Road
Menlo Park, CA 94025
(510) 329-4390

D. UNIT-SPECIFIC INFORMATION SHEETS.

See page 7 of these instructions.

X. OWNER CERTIFICATION:

All facility owners must sign Item X. All copies must have original signatures. If the facility is or will be operated by someone other than the owner, then the operator must sign Item XI. State regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

The California Health and Safety Code provides for severe penalties for submitting false information on this application form. Section 25191 of the Health and Safety Code states that any person who knowingly makes a false statement or representation on an application or other document shall, upon conviction, be punished by a fine of not less than \$2,000 per day or more than \$25,000 per day for each day of violation, or by imprisonment, or both.

XI. OPERATOR CERTIFICATION:

All facility operators must sign Item XI. All copies must have original signatures. State regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

The California Health and Safety Code provides for severe penalties for submitting false information on this application form. Section 25191 of the Health and Safety Code states that any person who knowingly makes a false statement or representation on an application or other document shall, upon conviction, be punished by a fine of not less than \$2,000 per day or more than \$25,000 per day for each day of violation, or by imprisonment, or both.

NOTIFICATION SUBMITTAL INSTRUCTIONS

Save one copy of the notification form for your files. Submit two copies of the notification form, each with original signatures, and the required attachments via registered mail or other method which provides proof of the date of mailing and receipt to the following address:

**Department of Toxic Substances Control
Standardized Permitting and Corrective Action Branch
700 Heinz Avenue, #200
Berkeley, California 94710
(510) 540-2122**

UNIT-SPECIFIC INFORMATION SHEETS.

NOTE: Copy the blank form as needed so that a separate unit-specific information form may be completed for each hazardous waste management storage or treatment unit that stores or treats hazardous wastes not generated at the facility. A "unit" is a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible wastestreams. The devices are either plumbed together or otherwise linked so as to form one treatment system.

Assign a number to each hazardous waste treatment and/or storage unit to be included in the standardized permit and indicate that number at the top of the form. Annotate the facility drawing with these same numbers.

I. NARRATIVE DESCRIPTION OF UNIT

For each unit, include a narrative description of the unit, including enough detail so that a person unfamiliar with the unit will clearly understand the construction, processes and purpose of that unit. Attach an additional sheet if you need more space. Place the unit number at the top of any attached sheets.

II. STORAGE/TREATMENT PROCESS DESIGN**DIMENSIONS:**

Provide the dimensions of the tank(s) or the container(s). Use the measurement units at the bottom of the unit-specific information page.

PROCESS CODE:

Indicate all the processes that will be used to treat or store hazardous waste in that unit. Use the codes at the bottom of the unit-specific information page.

PROCESS DESIGN CAPACITY:

Indicate the design capacity of each process unit. Indicate this figure as the total capacity for storage, and as throughput per month for treatment.

UNIT OF MEASURE:

Indicate the unit of measure for the design capacity figure. Use the codes at the bottom of the unit-specific information page.

III. WASTE HANDLING**WASTE CODE:**

Indicate the waste codes of the wastes to be managed in that unit. Use the waste codes on pages 9 and 10 of this instruction packet.

WASTE DESCRIPTION:

Provide the appropriate description of the waste from the waste code list on pages 9 and 10 of this instruction packet.

MAXIMUM CONCENTRATION:

Enter the maximum numerical figure and the unit of measure for that figure of the maximum concentration of that waste code that is or will be stored or treated in this unit. Use the codes for concentration at the bottom of the unit-specific form.

ESTIMATED QUANTITY:

Indicate the estimated quantity of waste to be treated per month or stored for each waste code for that unit.

UNIT OF MEASURE:

Indicate the unit of measure for the volume of waste to be handled in that unit. The treatment volumes are in influent volumes to be treated per month.

PROCESS CODE:

Indicate the process code for each waste stream. Use the process code at the bottom of the unit-specific information page.

WASTE CATEGORY NUMBERS & DESCRIPTIONS**INORGANICS**

- 121 Alkaline solution (pH \geq 12.5) with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc.)
- 122 Alkaline solution without metals (pH \geq 12.5)
- 123 Unspecified alkaline solution
- 131 Aqueous solution ($2 < \text{pH} < 12.5$) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
- 132 Aqueous solution with metals (\geq restricted levels and see waste category 121 for a list of metals)
- 133 Aqueous solution with total organic residues 10% or more
- 134 Aqueous solution with total organic residues less than 10%
- 135 Unspecified aqueous solution
- 141 Off-specification, aged, or surplus inorganics
- 151 Asbestos containing waste
- 161 Fluid Catalytic Cracker (FCC) waste
- 162 Other spent catalyst
- 171 Metal sludge (see waste category 121 for a list of metals)
- 172 Metal dust (see waste category 121 for a list of metals) and machining waste
- 181 Other inorganic solid waste

ORGANICS

- 211 Halogenated solvents (chloroform, methylchloride, perchloroethylene, etc.)
- 212 Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)
- 213 Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)
- 214 Unspecified solvent mixture
- 221 Waste oil and mixed oil
- 222 Oil/water separation sludge
- 223 Unspecified oil-containing waste
- 231 Pesticide rinse water
- 232 Pesticides and other waste associated with pesticide production
- 241 Tank bottom waste
- 251 Still bottoms with halogenated organics
- 252 Other still bottom waste
- 261 Polychlorinated biphenyls and material containing PCB's
- 271 Organic monomer waste (includes unreacted resins)
- 272 Polymeric resin waste
- 281 Adhesives
- 291 Latex waste
- 311 Pharmaceutical waste
- 321 Sewage sludge
- 322 Biological waste other than sewage sludge
- 331 Off-specification, aged, or surplus organics
- 341 Organic liquids (nonsolvents) with halogens
- 342 Organic liquids with metals (see waste category 121 for a list of metals)
- 343 Unspecified organic liquid mixture
- 351 Organic solids with halogens
- 352 Other organic solids

WASTE CATEGORY NUMBERS & DESCRIPTIONS**SLUDGES**

411	Alum and gypsum sludge
421	Lime sludge
431	Phosphate sludge
441	Sulfur sludge
451	Degreasing sludge
461	Paint sludge
471	Paper sludge/pulp
481	Tetraethyl lead sludge
491	Unspecified sludge waste

MISCELLANEOUS

511	Empty pesticide containers 30 gallons or more
512	Other empty containers 30 gallons or more
513	Empty containers less than 30 gallons
521	Drilling mud
531	Chemical toilet waste
541	Photochemicals/photoprocessing waste
551	Laboratory waste chemicals
561	Detergent and soap
571	Fly ash, bottom ash, and retort ash
581	Gas scrubber waste
591	Baghouse waste
611	Contaminated soil from site clean-ups
612	Household waste
613	Auto shredder waste

CALIFORNIA RESTRICTED WASTES

711	Liquids with cyanides ≥ 1000 Mg/L
721	Liquids with arsenic ≥ 500 Mg/L
722	Liquids with cadmium ≥ 1 Mg/L
723	Liquids with chromium (VI) ≥ 500 Mg/L
724	Liquids with lead ≥ 500 Mg/L
725	Liquids with mercury ≥ 20 Mg/L
726	Liquids with nickel ≥ 134 Mg/L
727	Liquids with selenium ≥ 100 Mg/L
728	Liquids with thallium ≥ 130 Mg/L
731	Liquids with polychlorinated biphenyls ≥ 50 Mg/L
741	Liquids with halogenated organic compounds ≥ 1000 Mg/L
751	Solids or sludges with halogenated organic compounds ≥ 1000 Mg/Kg
791	Liquids with pH # 2
792	Liquids with pH # 2 with metals
801	Waste potentially containing dioxins